

**ABYSA TOPSoccer Medical Release form**

TO BE COMPLETED BY PARENT, GUARDIAN, OR ADULT ATHLETE

I represent and warrant that to the best of my knowledge and belief, \_\_\_\_\_ is physically and mentally able to participate in ABYSA TOPSoccer. With my approval, a licensed physician has reviewed the health information set forth in the Application for Participation, and has certified, based on an independent medical examination, that there is not medical evidence which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature result in hyper-extension, radical flexion or direct pressure on the neck or upper spine unless a full radiological examination establishes the absence of Atlanto-Axial instability. Soccer is a sport which would require this exam for participation if the athlete has Down Syndrome.

In permitting the athlete to participate, I am specifically granting my permission to ABYSA TOPSoccer to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines, and other media, and in any form for the purpose of advertising or communicating the purposes and activities of ABYSA TOPSoccer and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any ABYSA TOPSoccer activities at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize the TOPSoccer coaches on my behalf, to take whatever measures are necessary to insure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I, the undersigned, am parent, guardian, athlete (own guardian) of the below specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that I and said person will be bound thereby and I shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for \_\_\_\_\_ to participate in ABYSA TOPSoccer.

Signature of Parent/Guardian/Athlete (over 18-own guardian):

\_\_\_\_\_ Date \_\_\_\_\_